

IPU



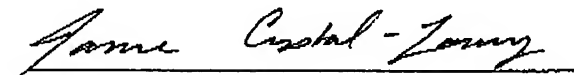
Attorney Docket No.: FID-009

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: Clancy et al.
SERIAL NO.: 10/782,195 GROUP NO.: 3624
FILED: February 19, 2004 EXAMINER: Not yet assigned
TITLE: Evaluating Employee Benefit Plans

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, are being faxed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 at Facsimile No. (571) 273-3250 on this 22 day of June, 2006.

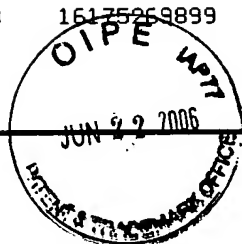

Jamie Crystal-Lowry

Commissioner for Patents
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Alexandria, VA 22313-1450

Submitted herewith are:

- Revocation of Attorney with new Power of Attorney and Change of Correspondence Address (1 page)
- Certificate of Facsimile Transmission under 37 C.F.R. 1.8 (1 page)
- Transmittal Form (1 page)

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TRANSMITTAL FORM

Application Serial Number	10/782,195
Filing Date	February 19, 2004
First Named Inventor	Clancy
Group Art Unit	3624
Examiner Name	Not yet assigned
Attorney Docket No.	FID-009
Patent No.	Not yet assigned
Issue Date	Not yet assigned

ENCLOSURES (check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Check Attached
<input type="checkbox"/> Copy of Fee Transmittal Form

<input type="checkbox"/> Amendment/Response
<input type="checkbox"/> Preliminary
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]

<input type="checkbox"/> Petition for Extension of Time

<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Form PTO-1449
<input type="checkbox"/> Copies of IDS Citations

<input type="checkbox"/> Certified Copy of Priority Document(s)

<input type="checkbox"/> Sequence Listing submission
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<input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)

<input type="checkbox"/> Formal Drawing(s)

<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal

<input checked="" type="checkbox"/> Power of Attorney (Revocation of Prior Powers)

<input type="checkbox"/> Terminal Disclaimer

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<input type="checkbox"/> Small Entity Statement

<input type="checkbox"/> CD(s) for large table or computer program

<input type="checkbox"/> Amendment After Allowance | <input type="checkbox"/> Request for Certificate of Correction
<input type="checkbox"/> Certificate of Correction (in duplicate)

<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences

<input type="checkbox"/> Appeal Brief (in triplicate)

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<input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|---|--|--|

CORRESPONDENCE ADDRESS

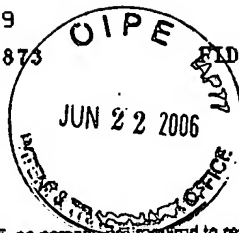
Direct all correspondence to: Patent Administrator
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Respectfully submitted,

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PTO/SB/02 (09-03)

Approved for use through 11/30/2006. OMB 0691-0055
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**REVOCATION OF POWER OF
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NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/782,195
Filing Date	February 19, 2004
First Named Inventor	Clancy
Art Unit	3624
Examiner Name	Not yet assigned
Attorney Docket Number	FID-009

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest.

FMR Corp. is a corporation and the assignee of the entire right, title, and interest in the patent application identified above by virtue of an assignment recorded in the USPTO at Reel 017447, Frame 0245. The undersigned is authorized to act on behalf of the assignee.

SIGNATURE of Applicant or Assignee of Record

Name and Title

Susan Sturdy, Secretary, FMR Corp.

Signature

Susan Sturdy

Date

June 20, 2006

Telephone

617 563-3700

NOTE: Signatures of all the inventors or assignee of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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